



RI Department of Health

Application and Instructions for:

Radon Mitigation Specialist

Applicant Name – Please Print

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Health Professionals Regulation
Room 104 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$130.00 (one-hundred thirty dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	(A) Copy of certificate(s) indicating successful completion of an Agency approved training course and (B) Copy of current certification as a radon mitigation provider/specialist with the National Radon Proficiency Program or the National Radon Safety Board
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
<https://healthri.mylicense.com/Verification>

State of Rhode Island and Providence Plantations
Department of Health

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____

Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)
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Date of Birth:

Date of Birth: - -

Month Day Year

Gender:

Male ☐ Female ☐

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Address City, State, ZipCode _____

Address Country _____

Phone: _____

Fax: _____

Email Address:_____

Business/Employment Information:

Please provide the information of the licensed radon mitigation contractor(s) which you will be performing radon mitigation services.

Note: If you are providing services for more than one licensed mitigation contractor, attach this information on a separate sheet.

Company Name	_____
Address Line 1	_____
Address Line 2	_____
Address Line 3	_____
Address City, State, ZipCode	_____
Address Country	_____
Phone:	_____
Fax:	_____
Email Address:	_____

SSN:
(Social Security Number)

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

SSN: - -

SSN:

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<p>Enforcement Actions in Other Jurisdictions:</p> <p>If Yes, please provide details.</p>	<p>1. Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conduction with a radon project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <div><div>_____ Signature</div><div>_____ Date of Signature (MM/DD/YY)</div></div>